

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UNK PRONG		06-07-01
O.I.P.E. CLASSIFIER		3	6/21
FORMALITY REVIEW	TZ	947	68/02/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	7/24/02	
2	✓	7/24/02	
3	✓	7/24/02	
4	✓	7/24/02	
5	✓	7/24/02	
6	✓	7/24/02	
7	✓	7/24/02	
8	✓	7/24/02	
9	✓	7/24/02	
10	✓	7/24/02	
11	✓	7/24/02	
12	✓	7/24/02	
13	✓	7/24/02	
14	✓	7/24/02	
15	✓	7/24/02	
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42	✓	7/24/02	
43	✓	7/24/02	
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45	✓	7/24/02	
46	✓	7/24/02	
47	✓	7/24/02	
48	✓	7/24/02	
49	✓	7/24/02	
50	✓	7/24/02	

Claim	Final	Original	Date
51	✓	7/24/02	
52	✓	7/24/02	
53	✓	7/24/02	
54	✓	7/24/02	
55	✓	7/24/02	
56	✓	7/24/02	
57	✓	7/24/02	
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91	✓	7/24/02	
92	✓	7/24/02	
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94	✓	7/24/02	
95	✓	7/24/02	
96	✓	7/24/02	
97	✓	7/24/02	
98	✓	7/24/02	
99	✓	7/24/02	
100	✓	7/24/02	

Claim	Final	Original	Date
101	✓	7/24/02	
102	✓	7/24/02	
103	✓	7/24/02	
104	✓	7/24/02	
105	✓	7/24/02	
106	✓	7/24/02	
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147	✓	7/24/02	
148	✓	7/24/02	
149	✓	7/24/02	
150	✓	7/24/02	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)